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## BIB DATA SHEET

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	7	31	2
Verified and <i>/ELIZABETH HOUSTON/</i> Acknowledged <i>Examiner's Signature</i>		Initials				

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**TITLE**

OCCLUSION DEVICE FOR ASYMMETRICAL UTERINE ARTERY ANATOMY

<b>FILING FEE RECEIVED</b> 1059	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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